

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040037

5378

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 21 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF L. Shireman MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in b. 45 yrs.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If not in hospital, give location) 3240 Norledge Northeast Restorium		d. STREET ADDRESS (If outside, give location) 506 N. Bellaire	
3. NAME OF DECEASED (Type or print) First Middle Last CARL McMILLIN		4. DATE OF DEATH Month Day Year Oct. 2 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/24/1883
9. AGE (last birthday) 80		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bright		10b. KIND OF BUSINESS OR INDUSTRY General Mills	
11. BIRTHPLACE (City and state or country) Sibley, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Harris H. McMillin		13b. MOTHER'S MAIDEN NAME Mary Johnson	
14. NAME OF HUSBAND OR WIFE Ethel D. McMillin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Ethel McMillin 506 N. Bellaire K.C., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Artery Thrombosis DUE TO (b) Coronary Artery & Atherosclerosis DUE TO (c) [redacted]		INTERVAL BETWEEN ONSET AND DEATH 8-12	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. [redacted]	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) [redacted]		20f. CITY, TOWN, OR LOCATION Kansas City Jackson Mo.	
21. I attended the deceased from Jan 1963 to Sept 1963 and last saw him alive on 1963 Death occurred at 5p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 10-4-63	
22a. SIGNATURE K. L. Shireman, M.D.		22b. ADDRESS 4606 St John K.C. Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/5/1963	23c. NAME OF CEMETERY OR CREMATORY Green Lawn	
24. FUNERAL DIRECTOR C.H. Blackman & Son Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 10-4-63	
26. REGISTRAR'S SIGNATURE Beasie Smith		27. LOCATION (City, town, or county) (State) Kansas City, Mo.	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.